California Cancer Commission Studies*
Chapter XXXIII

Adenocarcinoma of the Corpus Uteri

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CANCER of the body of the uterus is less common than cancer of the cervix. In large clinics it is observed about one-eighth as often as the cervical variety, although in private practice the latter is observed about as frequently as the former.

Fundal cancer occurs somewhat later in life than does cancer of the cervix, the majority after the menopause. (However, the author recently observed fundal cancer in a patient 28 years of age who had been treated for the preceding six months with various "shots" to control abnormal bleeding.)

GROSS PATHOLOGY

Adenocarcinoma of the endometrium may be diffusely spread over the surface or sharply circumscribed. It may not penetrate the uterine wall until late in its course, or this may occur early. It may first appear as a polypoid growth. In cases in which there is widespread involvement of the wall, the size of the uterus is greatly increased, the tissues are boggy, and the prognosis is grave.

The malignancy of cancer of this type is indicated by the type and arrangement of cells found on microscopic examination, and by the rate of growth of the tumor. Microscopically there are four grades, ranging from a type with only a small percentage of undifferentiated cells to one in which the cells are almost completely anaplastic and all glandular arrangement lost. This method of grading is not so satisfactory in fundal as in other types of cancer, for often all four grades are found in different areas of the same growth.

SYMPTOMS

Most of the cases of carcinoma of the corpus occur in women after the menopause. The commonest and most important symptom is abnormal bleeding. In these days when "shots" and oral estrogens are given for everything from osteoporosis to nosebleed, irregular bleeding can be traced to this cause in many instances. Due to the sheltered position of the tumor it is not subject to trauma, and abnormal discharge or bleeding may be a late symptom.

Pain is usually a late symptom. When it occurs early it is usually the result of some complication, such as infection. In the late stages it is a sign of extension of the growth, either direct or metastatic.

DIAGNOSIS

Any patient who complains of abnormal bleeding should be carefully examined. The cervix should be inspected through a speculum to eliminate it as a possible focal point. The only sure way to make a diagnosis of fundal cancer is by microscopic examination of the tissue obtained by curettement, which should always be done with the patient under anesthesia. Use of the suction curette is advised, as it is possible to explore the entire uterine cavity with this instrument. The old-fashioned curette cannot clear out the upper sixth of the cavity where fundal carcinoma frequently originates. As frozen sections are too thick for accurate diagnosis, embedded paraffin sections should be used.

Submucous myoma may interfere with the curette, making it impossible to reach the malignant area. The author encountered this difficulty recently. After negative findings in an examination of the material obtained by curettage, bleeding was attributed to an obvious fibroid. When the bleeding continued panhysterectomy was done, and an endometrial cancer was found which had extended directly through the uterine wall to the broad ligament. There was a 0.5 cm. area of carcinoma on the endometrial surface at the base of a small submucous myoma.

In the majority of cases of abnormal bleeding no malignancy is found, but it would be better to do many negative curettements than to neglect one early cancer. It should be impressed on the patient that the procedure is necessary not only to rule out malignancy but to establish a diagnosis. In premenopausal patients it may give information as to what type of endocrine treatment is needed. In many cases curettage stops the abnormal bleeding permanently.

Diagnosis by vaginal smear is of great value, but unfortunately there are very few cytologists adequately trained in this work. Cancer has been found by this method in cases in which results of examination of curetted material were negative. Until more people are trained to read the smears it cannot be widely used.

TREATMENT

In suitable cases, the most satisfactory treatment for adenocarcinoma of the fundus is panhysterectomy, with removal of both tubes and ovaries and a liberal vaginal cuff. As preliminary radiation undoubtedly prevents tumor dissemination at the time of operation, most surgeons prefer to use 3,500 to

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4,500 milligram hours of radium about six to eight weeks before operating. Radiation alone is inadequate, as it does not destroy the cancer in 50 per cent of the cases. It is of value in cases in which operation cannot be done due to obesity, old age, severe heart disease or other physical disability. The objection to the use of preliminary radiation is the delay of two or three months, and in clearly operable cases many surgeons rely on panhysterectomy alone.

At the time of operation the following precautions should be taken:

The lips of the cervix should be sutured together firmly. The vaginal vault should be thoroughly swabbed with Zepharin (or similar antiseptic) and packed with a roll of 3-inch gauze. This elevates the pelvic floor and facilitates operation at the deepest point of the field.

Clamps should be placed on each side of the uterus from the round to the utero-ovarian ligaments in order to obviate the squeezing of malignant tissue out through tubes or lymphatic glands when the uterus is handled.

PROGNOSIS

The prognosis is better for patients with carcinoma of the endometrium than for those with carcinoma of the cervix. The possibility of cure depends on the rate of growth and the degree of malignancy of the tumor, and on early diagnosis and adequate treatment. Periodic vaginal examinations are of little value in discovery of this disease, as the lesion cannot be seen or felt. A history of abnormal bleeding must be investigated immediately.

SUMMARY

Adenocarcinoma of the body of the uterus usually occurs somewhat later in life than cancer of the cervix.

Intermenstrual bleeding or postmenopausal spotting demand immediate, adequate diagnostic curettage.

The best treatment for cancer of the fundus is radiotherapy, followed in six or eight weeks by panhysterectomy.

The prognosis is good when the diagnosis is made early and the disease properly treated.

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"Bone Tumors" by Don King, M.D., Chapter XXX of the Cancer Commission Studies, which was scheduled for publication in this issue of CALIFORNIA MEDICINE, *will be printed in the July issue.*